



## Illinois Department of Corrections

### Administrative Directive

Number:

**03.01.210**

Title:

**Extended Benefits**

Effective:

**6/1/2021**

**Authorized by:**

*[Original Authorized Copy on File]*

**Rob Jeffreys**  
Acting Director

**Supersedes:**

03.01.210 effective 11/1/2020

**Authority:**

730 ILCS 5/3-2-2  
5 ILCS 345/1

**Related ACA Standards:**

5-ACI-1B-17, 5-ACI-1C-01, 5-ACI-3A-31 and 32,  
5-ACI-6E-05

**Referenced Policies:**

**Referenced Forms:**

CMS 95 – Physician's Statement  
DOC 0434 – Incident Report  
IL 3-2013 – Medical Authorization Form  
IL 401-0012 – Employees Notice of Injury  
IL 401-0368 – Supervisor's Report of Injury  
IL 401-0370 – Workers' Compensation Witness Report  
IL 401-0994 – Initial Workers' Compensation Medical  
Report  
IL 444-4211 – Extended Benefits Request

#### **I. POLICY**

The Department may grant extended benefits for disability due to injuries sustained as a direct or indirect result of violence by offenders.

#### **II. PROCEDURE**

##### **A. Purpose**

The purpose of this directive is to establish a written procedure for administering extended benefits for disability from injuries as a direct or indirect result of violence by offenders.

##### **B. Applicability**

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

##### **C. Facility Reviews**

A facility review of this directive shall be conducted at least annually.

##### **D. Designees**

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

##### **E. Definition**

Extended benefits – the continuation of any employee on the payroll for a maximum of one year after all service-connected injury time is utilized with no deductions from the employee's sick leave, personal business, accumulated holiday, compensatory or vacation time.

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**F. General Provisions**

1. Acceptance of extended benefits is voluntary and shall be subject to the following conditions:
  - a. While receiving extended benefits, the employee shall not be employed in any other manner with or without monetary compensation.
  - b. An employee receiving extended benefits shall not be entitled to any benefits for which he or she would qualify because of his or her disability under the provisions of the Illinois Pension Code.
2. Extended benefits shall be terminated when:
  - a. The employee is able to return to work;
  - b. Conditions for acceptance of extended benefits have been violated;
  - c. Extended benefits have been paid for a maximum of one year; or
  - d. The employee requests termination of such benefits.

**G. Requirements**

1. To request extended benefits, the employee shall complete the Extended Benefits Request, IL 444-4211, and submit it to the Chief Administrative Officer.
2. The Chief Administrative Officer shall:
  - a. Attach the following forms to the initial IL 444-4211:
    - (1) Employees Notice of Injury Report, IL 401-0012;
    - (2) Initial Workers' Compensation Medical Report, IL 401-0994, or other acceptable medical report;
    - (3) Supervisor's Report of Injury, IL 401-0368;
    - (4) Medical Authorization Form, IL 3-2013;
    - (5) Workers' Compensation Witness Report, IL 401-0370;
    - (6) Incident Report, DOC 0434;
    - (7) Physician's Statement, CMS 95; and
    - (8) Investigation Report (if applicable).
  - b. Review and transmit the completed IL 444-4211, including his or her recommendation and the expected date of return to work by the employee, to the Central Office Claims Unit.
3. The Director shall:
  - a. Review the application and supporting documents to determine eligibility.
  - b. Consult with Legal Services or Executive Staff in order to settle any questions.

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- c. Approve or disapprove the application.
    - d. Notify the Chief Administrative Officer in writing of the approval or disapproval of the application and retain a copy.
  - 4. Upon receipt of notification of approval or disapproval of the request for extended benefits, the Chief Administrative Officer shall ensure:
    - a. The injured employee:
      - (1) Is notified of approval or disapproval of the request.
      - (2) Is aware of the conditions of extended benefits.
      - (3) Receives full pay, cost of living increases, and annual increases and accrues all regular benefits while receiving extended benefits.
    - b. The Worker's Compensation Coordinator and the Chief Timekeeper are provided with a copy of the approval of the employee's request for extended benefits.
    - c. A case file is maintained for each employee receiving extended benefits.
    - d. A suspense file is maintained to prevent any employee from receiving extended benefits beyond the one-year maximum.
    - e. Each case file is reviewed on a monthly basis to determine validity of the continuing disability and eligibility for extended benefits.
      - (1) The injured employee shall be requested to submit a current medical report every 30 days.
      - (2) The injured employee may be required to be examined by medical personnel employed by or contracted with the Department.
    - f. Issues of continued benefits after the employee resigns, is discharged or is laid off are handled on an individual basis.
    - g. Upon termination of extended benefits, the Workers' Compensation Coordinator, the Chief Timekeeper and the employee shall be notified by memorandum of the reason for and date of such action.
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